

(IMPORTANT: Type or print; read instructions before completing form)

 FORM R Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act		TRI Facility ID Number	
		98134SH6RV3801E	
		Toxic Chemical, Category or Generic Name	
		Chromium compounds	
WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 ATTN: TOXIC CHEMICAL RELEASE INVENTORY		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
		Enter "X" here if this is a revision For EPA use only	
IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.			
PART 1. FACILITY IDENTIFICATION INFORMATION			
SECTION 1. REPORTING YEAR 2004			
SECTION 2. TRADE SECRET INFORMATION			
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)		2.2 Is this copy <input checked="" type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)	
<input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)			
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)			
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.			
Name and official title of owner/operator or senior management official:		Signature:	Date Signed:
Craig Puljan Plant Manager			7/27/07
SECTION 4. FACILITY IDENTIFICATION			
4.1 Facility or Establishment Name		TRI Facility ID Number	
Ash Grove Cement Co			
Street		Facility or Establishment Name or Mailing Address (If different from street address)	
3801 East Marginal Way So.		NA	
City/County/State/Zip Code		Mailing Address	
Seattle King WA 98134		NA	
City/State/Zip Code		Country (Non-US)	
4.2 This report contains information for:			
(Important: Check a or b; check c or d if applicable)			
a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility	
c. <input type="checkbox"/> A Federal facility		d. <input type="checkbox"/> GOCO	
4.3 Technical Contact Name		Telephone Number (include area code)	
Gerald J Brown		(206) 623-5596	
Email Address			
NA			
4.4 Public Contact Name		Telephone Number (include area code)	
Craig Puljan		(206) 623-5596	
4.5 SIC Code (s) (4 digits)			
Primary a. 3241		b. c. d. e. f.	
4.6 Latitude		Longitude	
Degrees Minutes Seconds		Degrees Minutes Seconds	
47 34 10		122 20 50	
4.7 Dun & Bradstreet Number (s) (9 digits)		4.8 EPA Identification Number (RCRA ID No.) (12 characters)	
NA		WAD009249616	
4.9 Facility NPDES Permit Number(s) (9 characters)		4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	
NA		NA	
a. NA		a. NA	
b. NA		b. NA	
SECTION 5. PARENT COMPANY INFORMATION			
5.1 Name of Parent Company		NA <input checked="" type="checkbox"/>	
5.2 Parent Company's Dun & Bradstreet Number		NA <input checked="" type="checkbox"/>	

FORM R**PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM**

TRI Facility ID Number

981345HGRV3801E

Toxic Chemical, Category or Generic Name

Chromium compounds

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	NA90															
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	Chromium compounds															
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)	NA															
1.4	Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA																	

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce	b. <input type="checkbox"/> Import	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	a. <input type="checkbox"/> As a chemical processing aid	
c. <input type="checkbox"/> For on-site use/processing		c. <input type="checkbox"/> As an article component	d. <input type="checkbox"/> Repackaging	b. <input type="checkbox"/> As a manufacturing aid	
d. <input type="checkbox"/> For sale/distribution		e. <input type="checkbox"/> As an impurity		c. <input type="checkbox"/> Ancillary or other use	
e. <input checked="" type="checkbox"/> As a byproduct					
f. <input type="checkbox"/> As an impurity					

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	(Enter two digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	3.3	M	
5.2	Stack or point air emissions	1.6	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

98134SH6AV3801E

Toxic Chemical, Category or Generic Name

Chromium compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

	NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2 Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1B Other landfills	<input checked="" type="checkbox"/>		
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3A RCRA Subtitle C surface impoundments	<input checked="" type="checkbox"/>		
5.5.3B Other surface impoundments	<input checked="" type="checkbox"/>		
5.5.4 Other disposal	<input checked="" type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)****6.1.A Total Quantity Transferred to POTWs and Basis of Estimate**

6.1.A.1 Total Transfers (pounds/year*) (enter range code ** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B <u>1</u> POTW Name	NA
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POTW Address

City State County Zip

6.1.B <u> </u> POTW Name	
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POTW Address

City State County Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**6.2 Off-Site EPA Identification Number (RCRA ID No)

Off-Site Location Name NA

Off-Site Address

City State County Zip Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

FORM R**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

981345H6RV3801E

Toxic Chemical, Category or Generic Name

Chromium compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)

A. Total Transfers (pounds/year*) (enter range code**or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site Location Name

Off-Site Address

City

State

County

Zip

Country
(Non-US)

Is location under control of reporting facility or parent company?

Yes ☐No ☐

A. Total Transfers (pounds/year*) (enter range code**or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY
☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

 If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box
 and indicate the Part II, Section 6.2/7 page number in this box: (example: 1,2,3,etc.)

FORM R**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

98134SHGRV3801E

Toxic Chemical, Category or Generic Name

Chromium compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category

Energy Recovery Methods (enter 3-character code(s))

1

2

3

SECTION 7C. ON-SITE RECYCLING PROCESSES☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category

Recycling Methods (enter 3-character code(s))

1

2

3

4

5

6

7

8

9

10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	2.57	4.96	5.0	5.0
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*			0	
8.9	Production ratio or activity index			NA	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities (enter code(s))	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>